Jeffries, Dawn (DEQ)

From: Jeffries, Dawn (DEQ)
Sent: Wednesday, April 13, 2011 11:16 AM
To: 'Reid Wodicka'
Subject: Elkton STP, VPDES Permit No. VA0026433, Rockingham County

Mr. Reid Wodicka, Town Manager
Town of Elkton
173 West Spotswood Avenue
Elkton, Virginia 22827

Dear Mr. Wodicka:

Your application has been reviewed and appears to be complete pending submittal of an acceptance letter for sludge from the Rockingham County Landfill. The waivers you requested from sampling and reporting temperature, dissolved oxygen, oil & grease, total dissolved solids, and total residual chlorine have been granted. The next steps involve assembling the information necessary to develop the permit limitations and then drafting the permit. Once the draft permit is prepared and the appropriate reviews are performed, I will transmit the draft permit and supporting documentation to you for review. I expect to have this draft permit package to you within the next 2 months.

The Department of Environmental Quality strives to complete the permitting process in a timely manner. If you have any questions about our procedures or the status of your draft permit, please do not hesitate to contact us.

Sincerely,
Dawn Jeffries
Environmental Engineer
DEQ-Valley Regional Office
P.O. Box 3000
Harrisonburg, Virginia 22801
Ph. 540-574-7898
Dawn.Jeffries@deq.virginia.gov

MEMORANDUM
DEPARTMENT OF ENVIRONMENTAL QUALITY
VALLEY REGIONAL OFFICE

4411 Early Road - P.O. Box 3000 Harrisonburg, VA 22801

SUBJECT: Application Errata for VPDES Permit No. VA0026433, Elkton STP, Rockingham County

TO: PP File

FROM: Dawn Jeffries

DATE: April 6, 2011

The following deficiencies were noted in the subject permit reissuance application:

Sewage Sludge Application

Section A
Item 1.a. The name should be Elkton STP.
Item 7. 'Yes' should be noted. No description of the service provided is given. Per conversation with permittee on 3/8/11, the contractor currently picks up dried sludge and hauls it to the landfill, but the Town is considering performing this task with city equipment and personnel in the future.
Section B.
Item 10.b. 'Operator' should be indicated.
Item 10.h. 'Yes' should be indicated.

Form 2A

Item A.1. The facility address is not given. However, this information is given on the Sewage Sludge Application form as 15917 Old Spotswood Trail, Elkton.
Item A.9.a. The outfall number should be given as 001.
Item A.9.e. The average flow varies slightly from A.6 and A.12.
Item A.9.g. No answer is noted. The answer should be noted as 'No'.
Item A.10. Some receiving stream information is not given; however, necessary information is available within the VRO.
Item A.11.a. 'Primary' should also be indicated.
Item A.11.c. No answer is given. UV disinfection is used.
Item A.12. Outfall number should be indicated as 001. Temperature values were not provided but were already provided with DMR submittals. The average flow rate varies slightly from A.6. and A.9.
Item B.1. I&I are indicated as 300,000 gpd. This is an error as that is approximately the total flow for the facility.
Item B.5.a. No answers were given.
Item B.6. The outfall number is 001. No data were provided for dissolved oxygen, but these were already provided with DMR submittals. O&G, TRC, and TDS data were also not submitted and waivers for these were requested. The waiver requests appear to be justified.

Application Addendum

Item 5. No additional flow tiers in addition to the 0.4 MGD flow tier are requested to be included in the permit. Per conversation with permittee on 3/8/11, they want the permit be written retaining the 1.0 MGD and 2.0 MGD flow tiers that are already included in the existing permit.
Item 6. No description for the nature of the operations generating wastewater is given. The wastewater is generated from the operation of a municipal WWTP. Per conversation with permittee on 3/8/11, approximately 1200 private residences are served.
Item 9. Some changes have been made since the dates indicated, such as a grit collection system and UV disinfection. Additionally, the O&M manual is now under revision and is expected to be submitted by the time this permit is reissued.

The deficiencies noted are insignificant and will not affect the preparation of a legally and technically defensible draft permit.

Reviewer Concurrence: KBS

TOWN OF ELKTON

173 WEST SPOTSWOOD AVENUE
ELKTON, VIRGINIA 22827
(540) 298-1951

February 21, 2010

Dawn Jeffries, Environmental Engineer
Valley Regional Office
Virginia Department of Environmental Quality
P. O. Box 3000
Harrisonburg, Virginia 22801

RE: Reissuance of VPDES Permit Number VA0026433, Elkton STP, Rockingham County

Dear Ms. Jeffries,

Please find attached the completed application for the reissuance of Elkton's wastewater treatment plant permit. Included are the following:

1. EPA Form 3510-2A
2. VPDES Sewage Sludge Permit Application Form
3. VDPES Application Addendum
4. Permit Billing Information Form
5. Public Notice Billing Information Form.

Please be advised that we believe that the above documents are the only documents necessary for the reissuance of the permit. Should you need additional information, please contact me as soon as possible. Thank you for your assistance in this matter.

Yours,

Reid A. Wodicka
Town Manager

c Lauri A.N. Sigler, Town Attorney
Jay Dean, Town Council Member

VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued:** Town of Elkton
Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. **Is this facility located within city or town boundaries?** Yes X No ☐

3. **Provide the tax map parcel number for the land where the discharge is located.** 130(A)-117A

4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** None

5. **What is the design average effluent flow of this facility?** 0.40 MGD
For industrial facilities, provide the max. 30-day average production level, include units:

In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Yes ☐ No X
If "Yes", please identify the other flow tiers (in MGD) or production levels:

Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

6. **Nature of operations generating wastewater:**

____ % of flow from domestic connections/sources
Number of private residences to be served by the treatment works: 50% or more
____ % of flow from non-domestic connections/sources ~1200

7. **Mode of discharge:** X Continuous ☐ Intermittent ☐ Seasonal
Describe frequency and duration of intermittent or seasonal discharges:

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**
X Permanent stream, never dry
____ Intermittent stream, usually flowing, sometimes dry
____ Ephemeral stream, wet-weather flow, often dry
____ Effluent-dependent stream, usually or always dry without effluent flow
____ Lake or pond at or below the discharge point
____ Other:

9. **Approval Date(s):**
O & M Manual 1994 **Sludge/Solids Management Plan** 1997
Have there been any changes in your operations or procedures since the above approval dates? Yes ☐ No X

Jeffries, Dawn (DEQ)

From: Reid Wodicka [rwodicka@townofelkton.com]
Sent: Monday, April 04, 2011 11:54 AM
To: Jeffries, Dawn (DEQ)
Subject: Request for Waiver

Dawn,

Please accept this request to waive the effluent testing information that was not submitted in Form 2A. For temperature in Section A.12 and Dissolved Oxygen in Section B.6, this information was not included as it was already reported in the daily logs and submitted with the DMRs. For Oil and Grease and Total Dissolved Solids in Section B.6, we did not report these parameters because there are no Water Quality Standards in the receiving stream (South Fork of Shenandoah River). Also in Section B.6, Total Residual Chlorine is not applicable to the Elkton STP because UV light is used for disinfection rather than chlorine.

Thanks for your help and let me know if you need any other information.

Reid A. Wodicka
Town Manager
Elkton, Virginia

rwodicka@townofelkton.com
(540) 298-9860

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name: Elkton Wastewater Treatment Plant

Mailing Address: 173 West Spotswood Avenue
Elkton, VA 22827

Contact person: Reid Wodicka

Title: Town Manager

Telephone number: (540) 298-9860

Facility Address

(not P.O. Box)

RECEIVED
DEQ - Valley
FEB 28 2011
To:
FILE:

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name

Mailing Address

Contact person

Title

Telephone number

Is the applicant the owner or operator (or both) of the treatment works?

✓ owner ✓ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

✓ facility _____ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES	VA0026433	PSD	
UIC		Other	
RCRA		Other	

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
Town of Elkton	2600	separate	municipal

Total population served

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

_____ Yes ✓ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

_____ Yes ✓ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 0.40 mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	0.34	0.33	0.32	mgd
c. Maximum daily flow rate	0.68	0.99	0.62	mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

✓ Separate sanitary sewer	100.00 %
_____ Combined storm and sanitary sewer	_____ %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? ✓ Yes _____ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1

ii. Discharges of untreated or partially treated effluent _____

iii. Combined sewer overflow points _____

iv. Constructed emergency overflows (prior to the headworks) _____

v. Other _____ _____

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? _____ Yes ✓ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge _____ continuous or _____ intermittent?

c. Does the treatment works land-apply treated wastewater? _____ Yes ✓ No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application _____ continuous or _____ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? _____ Yes ✓ No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name:

Mailing Address:

Contact person:

Title:

Telephone number:

For each treatment works that receives this discharge, provide the following:

Name:

Mailing Address:

Contact person:

Title:

Telephone number:

If known, provide the NPDES permit number of the treatment works that receives this discharge.

Provide the average daily flow rate from the treatment works into the receiving facility. mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? Yes ✓ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method:

Is disposal through this method continuous or intermittent?

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
OMB Number 2040-0086

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a**, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number: 1

b. Location:
- Elkton (City or town, if applicable) — 22827 (Zip Code)
- Rockingham (County) — VA (State)
- 38.4096 N (Latitude) — 78.6344 W (Longitude)

c. Distance from shore (if applicable): _____ ft.

d. Depth below surface (if applicable): _____ ft.

e. Average daily flow rate: 0.33 mgd

f. Does this outfall have either an intermittent or a periodic discharge? _____ Yes ✓ No (go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: _____

Average duration of each discharge: _____

Average flow per discharge: _____ mgd

Months in which discharge occurs: _____

g. Is outfall equipped with a diffuser? _____ Yes _____ No

A.10. Description of Receiving Waters.

a. Name of receiving water: Shenandoah River-South Fork

b. Name of watershed (if known): Shenandoah/Chesapeake Bay/Potomac Part of Upper Virginia

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin (if known): _____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 02070005

d. Critical low flow of receiving stream (if applicable):
acute _____ cfs chronic _____ cfs

e. Total hardness of receiving stream at critical low flow (if applicable): _____ mg/l of $CaCO_3$

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
OMB Number 2040-0086

A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

_____ Primary ✓ Secondary

_____ Advanced _____ Other. Describe: _____

b. Indicate the following removal rates (as applicable):

Design BOD_5 removal or Design $CBOD_5$ removal	90.00	%
Design SS removal	90.00	%
Design P removal	0.00	%
Design N removal	0.00	%
Other _____	_____	%

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

_____

If disinfection is by chlorination, is dechlorination used for this outfall? _____ Yes _____ No

d. Does the treatment plant have post aeration? _____ Yes ✓ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 1

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	7.07	s.u.			
pH (Maximum)	7.40	s.u.			
Flow Rate	0.55	gal	0.31	gal	
Temperature (Winter)					
Temperature (Summer)					

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN	BOD-5	6.00	mg/L	3.80	mg/L	3.00	Standard 18	45
DEMAND (Report one)	CBOD-5							
FECAL COLIFORM				31.50	mg/L	1.00	9221C	
TOTAL SUSPENDED SOLIDS (TSS)		6.40	mg/L	8.50	mg/L	3.00	Standard 18	45

END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

300,000.00 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

Contiunual I&I investigation and repairs, repairs of manholes, elimination of cross-connections

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

a. The area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground.

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g, chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ____Yes ✓ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

_____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

_____

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

____Yes ____No

c If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

_____

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM / DD / YYYY	Actual Completion MM / DD / YYYY
– Begin construction	___/___/_____	___/___/_____
– End construction	___/___/_____	___/___/_____
– Begin discharge	___/___/_____	___/___/_____
– Attain operational level	___/___/_____	___/___/_____

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ____Yes ____No

Describe briefly: _____

_____

B.6. EFFLUENT TESTING DATA (GREATER THAN O.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number:_____

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)			0.70	mg/L	1.00	350.3	.1
CHLORINE (TOTAL RESIDUAL, TRC)							
DISSOLVED OXYGEN							
TOTAL KJELDAHL NITROGEN (TKN)			2.30	mg/L	1.00	351.4	.1
NITRATE PLUS NITRITE NITROGEN			2.50	mg/L	1.00	300	.1
OIL and GREASE							
PHOSPHORUS (Total)			0.57	mg/L	1.00	365.2	.01
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER			0.44	mg/L	1.00	365.2	.1

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

✓ Basic Application Information packet

Supplemental Application Information packet:

_____ Part D (Expanded Effluent Testing Data)

_____ Part E (Toxicity Testing: Biomonitoring Data)

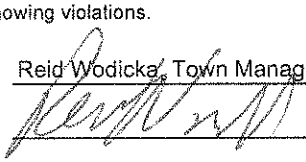
_____ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

_____ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: Reid Wodicka, Town Manager

Signature: 

Telephone number: (540) 298-9860

Date signed: 2/22/2021

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

FACILITY NAME: _____ VPDES PERMIT NUMBER: _____

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into four sections. Section A pertains to all applicants. The applicability of Sections B, C and D depends on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Does this facility generate sewage sludge? _X____ Yes _____ No

   Does this facility derive a material from sewage sludge? _____ Yes __X___ No

   If you answered "Yes" to either, complete Section B (Generation Of Sewage Sludge or Preparation Of A Material-Derived From Sewage Sludge).

3. Does this facility apply sewage sludge to the land? _____ Yes __X___ No

   Is sewage sludge from this facility applied to the land? _____ Yes __X___ No

   If you answer "No" to all above, skip Section C.

   If you answered "Yes" to either, answer the following three questions:

   a. Does the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions? _____ Yes _____ No

   b. Is sewage sludge from this facility placed in a bag or other container for sale or give-away for application to the land? _____ Yes _____ No

   c. Is sewage sludge from this facility sent to another facility for treatment or blending? _____ Yes _____ No

   If you answered "No" to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

   If you answered "Yes" to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? _____ Yes __X___ No

   If "Yes", complete Section D (Surface Disposal).

FACILITY NAME: _____ VPDES PERMIT NUMBER: _____

SECTION A. GENERAL INFORMATION

All applicants must complete this section.

1. Facility Information.

a. Facility name: Elkton Wastewater Treatment Plant

b. Contact person: Reid Wodicka
Title: Town Manager
Phone: (540) 298-9860

c. Mailing address:
Street or P.O. Box: 173 West Spotswood Ave
City or Town: Elkton State: VA Zip: 22827

d. Facility location:
Street or Route #: 15917 Old Spotswood Trail
County: Rockingham
City or Town: Elkton State: VA Zip: 22827

e. Is this facility a Class I sludge management facility? _____ Yes __X__ No

f. Facility design flow rate: 0.40 mgd

g. Total population served: 2600

h. Indicate the type of facility:
__X__ Publicly owned treatment works (POTW)
_____ Privately owned treatment works
_____ Federally owned treatment works
_____ Blending or treatment operation
_____ Surface disposal site
_____ Other (describe): _____

2. Applicant Information. If the applicant is different from the above, provide the following:

a. Applicant name: _____

b. Mailing address:
Street or P.O. Box: _____
City or Town: _____ State: _____ Zip: _____

c. Contact person: _____
Title: _____
Phone: (_____) _____

d. Is the applicant the owner or operator (or both) of this facility?
_____ owner _____ operator

e. Should correspondence regarding this permit be directed to the facility or the applicant?
_____ facility _____ applicant

3. Permit Information.

a. Facility's VPDES permit number (if applicable): VA0026433

b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:

Permit Number:	Type of Permit:
_____	_____
_____	_____

4. **Indian Country.** Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? _____ Yes __X__ No If "Yes", describe:

_____

5. **Topographic Map.** Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:
   a. Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
   b. Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.

6. **Line Drawing.** Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.

7. **Contractor Information.** Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? _____ Yes _____ No

   If "Yes", provide the following for each contractor (attach additional pages if necessary).

   Name: Green Earth

   Mailing address:

   Street or P.O. Box: 3330 Kratzer Rd

   City or Town: Harrisonburg State: VA Zip: 22803

   Phone: (_____) _____

   Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:

   _____

   If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).

8. **Pollutant Concentrations.** Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic	N/A			
Cadmium	N/A			
Chromium	N/A			
Copper	N/A			
Lead	N/A			
Mercury	N/A			
Molybdenum	N/A			
Nickel	N/A			
Selenium	N/A			
Zinc	N/A			

9. **Certification.** Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:

__X__ Section A (General Information)

__X__ Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)

_____ Section C (Land Application of Bulk Sewage Sludge)

_____ Section D (Surface Disposal)

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Name and official title Reid Wodicka, Town Manager

Signature _____ Date Signed 2/29/2012

Telephone number (540) 298-9860

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

FACILITY NAME: _____ VPDES PERMIT NUMBER: _____

SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

1. **Amount Generated On Site.**
   Total dry metric tons per 365-day period generated at your facility: 30.8 dry metric tons

2. **Amount Received from Off Site.** If your facility receives sewage sludge from another facility for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary.

   a. Facility name: _____

   b. Contact Person: _____

      Title: _____

      Phone: (_____) _____

   c. Mailing address:

      Street or P.O. Box: _____

      City or Town: _____ State: _____ Zip: _____

   d. Facility location: _____

      (not P.O. Box) _____

   e. Total dry metric tons per 365-day period received from this facility: _____ dry metric tons

   f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:

      _____

      _____

3. **Treatment Provided at Your Facility.**

   a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?
      _____ Class A __X___ Class B _____ Neither or unknown

   b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge: Aerobic digestion and air drying

   c. Which vector attraction reduction option is met for the sewage sludge at your facility?

      _____ Option 1 (Minimum 38 percent reduction in volatile solids)

      _____ Option 2 (Anaerobic process, with bench-scale demonstration)

      _____ Option 3 (Aerobic process, with bench-scale demonstration)

      _____ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)

      _____ Option 5 (Aerobic processes plus raised temperature)

      _____ Option 6 (Raise pH to 12 and retain at 11.5)

      _____ Option 7 (75 percent solids with no unstabilized solids)

      _____ Option 8 (90 percent solids with unstabilized solids)

      __X___ None or unknown

   d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge: Aerobic digestion for 14 days or longer

   e. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above: _____

      _____

4. **Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One of Vector Attraction Reduction Options 1-8 (EQ Sludge).**

(If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)

a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land:

0 dry metric tons

b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away?

_____ Yes __X__ No

5. Sale or Give-Away in a Bag or Other Container for Application to the Land.

(Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this question if sewage sludge is covered in Question 4.)

a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land: _____ dry metric tons

b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

6. Shipment Off Site for Treatment or Blending.

(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)

a. Receiving facility name: _____

b. Facility contact: _____

Title: _____

Phone: (_____) _____

c. Mailing address:

Street or P.O. Box: _____

City or Town: _____ State: _____ Zip: _____

d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility:

_____ dry metric tons

e. List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:

Permit Number:	Type of Permit:
_____	_____
_____	_____

f. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility?

_____ Yes _____ No

Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?

_____ Class A _____ Class B _____ Neither or unknown

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge: _____

g. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? _____ Yes _____ No

Which vector attraction reduction option is met for the sewage sludge at the receiving facility?

_____ Option 1 (Minimum 38 percent reduction in volatile solids)

_____ Option 2 (Anaerobic process, with bench-scale demonstration)

_____ Option 3 (Aerobic process, with bench-scale demonstration)

_____ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)

_____ Option 5 (Aerobic processes plus raised temperature)

_____ Option 6 (Raise pH to 12 and retain at 11.5)

_____ Option 7 (75 percent solids with no unstabilized solids)

_____ Option 8 (90 percent solids with unstabilized solids)

_____ None unknown

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge: _____

h. Does the receiving facility provide any additional treatment or blending not identified in f or g above? _____ Yes _____ No

If "Yes", describe, on this form or another sheet of paper, the treatment processes not identified in f or g above:

i. If you answered "Yes" to f, g or h above, attach a copy of any information you provide to the receiving facility to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.G.

j Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? _____ Yes _____ No

If "Yes", provide a copy of all labels or notices that accompany the product being sold or given away.

k. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? _____ Yes _____ No. If "No", provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility.

Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported. _____

7. **Land Application of Bulk Sewage Sludge.**

(Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6. Complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)

a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:

_____ dry metric tons

b. Do you identify all land application sites in Section C of this application? _____ Yes _____ No

If "No", submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).

c. Are any land application sites located in States other than Virginia? _____ Yes _____ No

If "Yes", describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.

d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).

8. **Surface Disposal.**

(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.)

a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites: _____ dry metric tons

b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?
_____ Yes _____ No

If "No", answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.

c. Site name or number: _____

d. Contact person: _____

Title: _____

Phone: (_____) _____

Contact is: _____ Site Owner _____ Site operator

e. Mailing address:

Street or P.O. Box: _____

City or Town: _____ State: _____ Zip: _____

f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: _____ dry metric tons

g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:

Permit Number:	Type of Permit:
_____	_____
_____	_____

9. **Incineration.**

(Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)

a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: _____ dry metric tons

b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?
_____ Yes _____ No

If "No", answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.

c. Incinerator name or number: _____

d. Contact person: _____

Title: _____

Phone: (_____) _____

Contact is: _____ Incinerator Owner _____ Incinerator Operator

e. Mailing address:

Street or P.O. Box: _____

City or Town: _____ State: _____ Zip: _____

f. Total dry metric tons per 365-day period of sewage sludge from your facility fired in this sewage sludge incinerator: _____ dry metric tons

g. List on this form or an attachment the numbers of all other federal, state or local permits that regulate the firing

of sewage sludge at this incinerator:

Permit Number:	Type of Permit:
_____	_____
_____	_____

10. Disposal in a Municipal Solid Waste Landfill.

(Complete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.)

a. Landfill name: Rockingham County Sanitary Landfill

b. Contact person: James Baker

Title: Director of Public Works

Phone: (540) 564-3159

Contact is: _____ Landfill Owner _____ Landfill Operator

c. Mailing address:

Street or P.O. Box: 1 Pleasant Valley Rd

City or Town: Harrisonburg State: VA Zip: 22801

d. Landfill location.

Street or Route #: Grassy Creek Rd

County: Rockingham

City or Town: Harrisonburg State: VA Zip: 22801

e. Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill:

30.8 dry metric tons

f. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill:

Permit Number:	Type of Permit:
062	VA DEQ Active Solid Waste Facility
_____	_____

g. Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill?
__X___ Yes _____ No

h. Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq.? _____ Yes _____ No

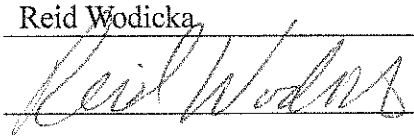
i. Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be watertight and covered? __X___ Yes _____ No

Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported. _____

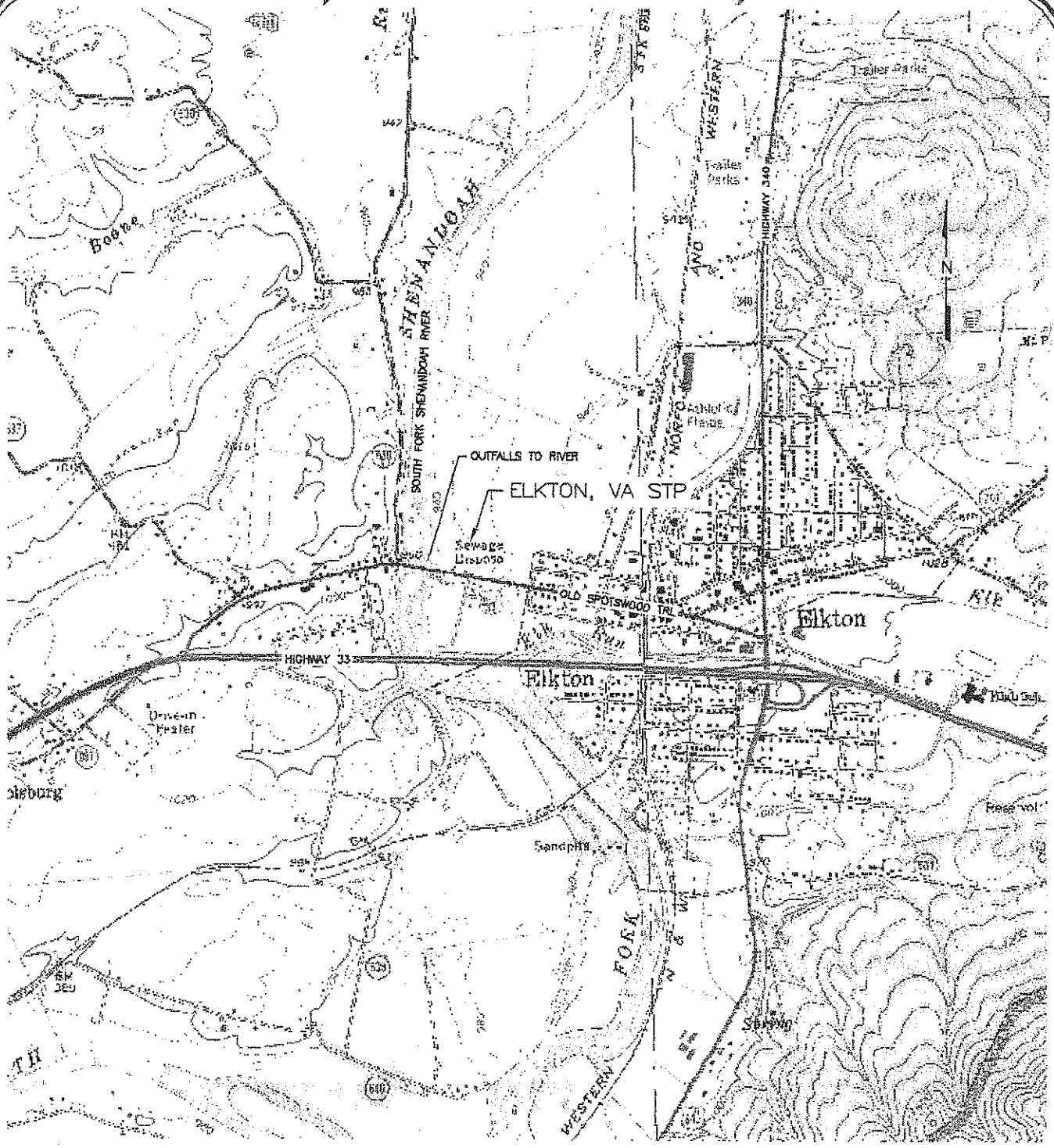
_____

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in The Daily News Record in accordance with 9 VAC 25-31-290.C.2.

Agent/Department to be billed:	Reid Wodicka, Town Manager
Owner:	Town of Elkton
Agent/Department Address:	173 W. Spotswood Ave
	Elkton, VA 22827
Agent's Telephone No.:	(540) 298-9860
Printed Name:	Reid Wodicka
Authorizing Agent – Signature:	
Date:	2/22/11

VPDES Permit No. VA0026433
Elkton STP

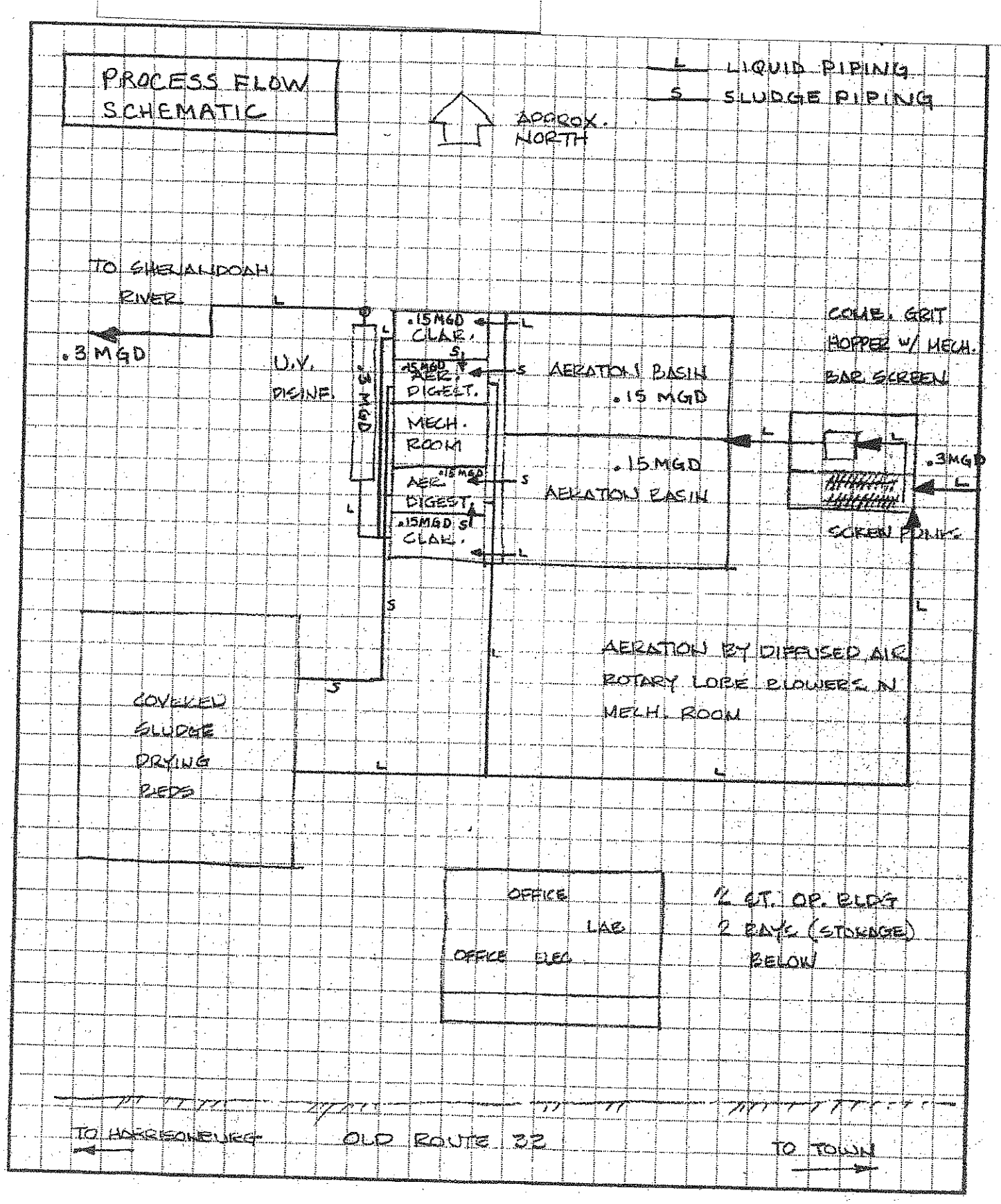


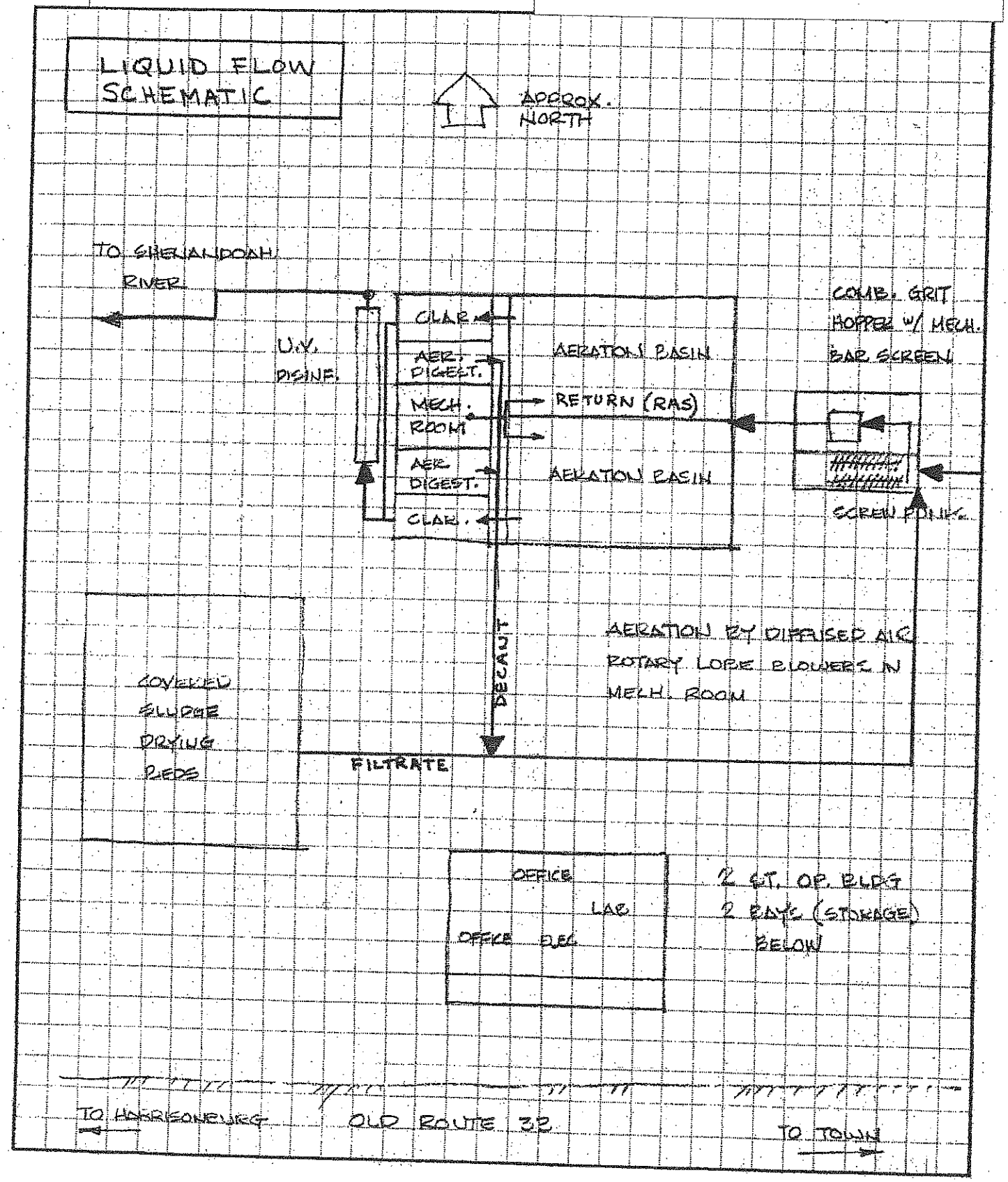
Elkton, VA Sewage Treatment Plant

Figure 1 - Vicinity Map

Scale 1" = 2000'

ANDERSON AND ASSOCIATES, Inc.


PROCESS FLOW SCHEMATIC
L LIQUID PIPING
S SLUDGE PIPING
APPROX. NORTH
TO SHENANDOAH RIVER
.3 MGD
U.V. DISINF.
.3 MGD
.15 MGD CLAR.
.15 MGD AER. DIGEST.
MECH. ROOM
.15 MGD AER. DIGEST.
.15 MGD CLAR.
AERATION BASIN .15 MGD
.15 MGD AERATION BASIN
COMB. GRIT HOPPER W/ MECH. BAR SCREEN
.3 MGD
SCREW PUMPS
AERATION BY DIFFUSED AIR ROTARY LOBE BLOWERS IN MECH. ROOM
COVERED SLUDGE DRYING BEDS
OFFICE
LAB
OFFICE ENT.
½ ST. OP. BLDG
2 BAYS (STORAGE) BELOW
TO HARRISONBURG
OLD ROUTE 32
TO TOWN


LIQUID FLOW SCHEMATIC
APPROX. NORTH
TO SHENANDOAH RIVER
U.V. DISINF.
CLAR.
AER. DIGEST.
MECH. ROOM
AER DIGEST.
CLAR.
AERATION BASIN
RETURN (RAS)
AERATION BASIN
COMB. GRIT HOPPER W/ MECH. BAR SCREEN
SCREW PUMPS
DECANT
AERATION BY DIFFUSED AIR ROTARY LOBE BLOWERS IN MECH. ROOM
COVERED SLUDGE DRYING BEDS
FILTRATE
OFFICE
LAB
OFFICE EQ.
2 ST. OP. BLDG
2 BAYS (STORAGE) BELOW
TO HARRISONBURG
OLD ROUTE 33
TO TOWN

SLUDGE FLOW SCHEMATIC

TO SHENANDOAH RIVER

U.V. DISINF.

WASTE (WAS)

CLAR.

AER. DIGEST.

MECH. ROOM

AERATION BASIN

RETURN (RAS)

AERATION BASIN

AER. DIGEST.

CLAR.

COMB. GRIT HOPPER W/ MECH. BAR SCREEN

SCREEN PUMPS

AERATION BY DIFFUSED AIR ROTARY LOBE BLOWERS IN MECH. ROOM

COVERED SLUDGE DRYING BEDS

OFFICE

LAB.

OFFICE SUPV.

2 ST. OP. BLDG 2 BAYS (STORAGE) BELOW

TO HARRISONBURG

OLD ROUTE 33

TO TOWN

Route description from Elkton Wastewater Treatment Plant to Rockingham County Landfill.

Wastewater Treatment Plant is located on Business Route 33 West of the Town Limits of the Town of Elkton and just East of the Shenandoah River.

Go West on Business Route 33, .8 mile to intersection of Route 33.

Turn right and go West on Route 33, 11.7 miles to Route 704.

Turn left on Route 704 and go South 1.8 miles to Route 659.

Turn right on Route 659 and go West .7 mile to Route 710.

Left on Route 710 and go South 1.1 miles to Route 711.

Turn left on Route 711 and go East .4 mile to Rockingham County Landfill, located on right side of road.